DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NUTRITIONAL COMPOSITION FOR WOUND HEALING

the spe	ecification of which: (cl	heck one)		
•	is attached hereto.			
X	International Applicati	on No. <u>PCT/EP04/0</u>	, as United States A 13787 (if applicab	
			erstand the contents of any amendment referred	
known		o the patentability of	States Patent Office all of this application in according	
Section of any States, for pat	n 365(b) of any foreign PCT international applilisted below and have	application(s) for paication which designalso identified below icate or PCT intern	Title 35, United States atent or inventor's certificated at least one country v, by checking the box, a ational application havin l.	eate, or Section 365(a) other than the United ny foreign application
Prior F	oreign Application(s)			
	Number	Country	Day/Month/Year Filed	Priority Not Claimed
0	3029505.9	Europe	20 December 2003	

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Serial No.

Filing Date

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

Status (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor		
Hans Smola		
Sole or first inventor's signature	Date	
Residence		
50678 Koeln, Germany		
Citizenship		
Germany		
Post Office Address		
Ubierring 14-16		
50678 Koeln, Germany		

Full name of second inventor	
Gilberto Nepomuceno	
Second inventor's signature	Date
Residence	
CH-3510 Konolfingen, Switzerland	
Citizenship	
Brazil	
Post Office Address	
Chisenmattweg 8	
CH-3510 Konolfingen, Switzerland	

PTC/SB/80 (12-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

X	Practitioners associated with the Customer Number:	29157	<i>:</i>	1	
_ 0	DR .	2013/			
<u>ا</u> [Practitioner(s) named below (if more than ten patent pr	actitioners are to be name	d, then a custon	mer number must be use	e c):
	Name			on Number	
ŀ					
ţ					
ŀ					
F					
ļ					
-					
sign	ney(s) or agent(s) to represent the undersigned before a still patent applications assigned only to the undersigned to this form in accordance with 37 CFR 3.73(b). The Name and Address:	the United States Patent and according to the USPT	and Trademark (O assignment re	Office (USPTO) in conne cords or assignment do	ection with cuments
Ssign Nes Ave	to this form in accordance with 37 CFR 3.73(b). Stec S.A. Sinue Nestlé 55 -1800 Vevey	the United States Patent and according to the USPT	and Trademark (O assignment re	Office (USPTO) in conne cords or assignment do	action with cuments
Ssign Nes Ave	to this form in accordance with 37 CFR 3.73(b). Bee Name and Address: Stec S.A. Price Nestlé 55	the United States Patent and according to the USPT	and Trademark (O assignment re	Office (USPTO) in conne cords or assignment do	ection with cuments
Sign Nes Ave CH- Swi	to this form in accordance with 37 CFR 3.73(b). Stee Name and Address: Stee S.A. Shue Nestlé 55 -1800 Vevey itzerland		Э элепиндеев	cords or assignment do	cuments
Nes Ave CH- Swi	to this form in accordance with 37 CFR 3.73(b). Stec S.A. Sinue Nestlé 55 -1800 Vevey	Inder 37 CFR 3.73(b) (Form PTO	V/SB/96 or equivalent under 37 CFR 3	ent) is
sign Nes Ave CH Swi	to this form in accordance with 37 CFR 3.73(b). Itee Name and Address: Stec S.A. Enue Nestlé 55 -1800 Vevey itzerland If of this form, together with a statement used to be filed in each application in which a completed by one of the practitioners agized to act on behalf of the assignee, and ey is to be filed.	Inder 37 CFR 3.73(b this form is used. ppointed in this for I must identify the a) (Form PTO The stateme m if the appo	O/SB/96 or equivalent do ont under 37 CFR 3 Dinted practitioner 1 which this Powe	ent) is
sign Nes Ave CH Swi	to this form in accordance with 37 CFR 3.73(b). Idea Name and Address: Stec S.A. Finue Nestlé 55 -1800 Vevey itzerland In of this form, together with a statement used to be filed in each application in which a completed by one of the practitioners applicated to act on behalf of the assignee, and ey is to be filed. SIGNATUR The individual whose signature and title is so	Inder 37 CFR 3.73(b this form is used. ppointed in this for I must identify the a) (Form PTO The stateme m if the appo	O/SB/96 or equivalent do ont under 37 CFR 3 Dinted practitioner 1 which this Powe	ent) is
Swi	to this form in accordance with 37 CFR 3.73(b). Idea Name and Address: Stec S.A. Finue Nestlé 55 -1800 Vevey itzerland In of this form, together with a statement used to be filed in each application in which a completed by one of the practitioners applicated to act on behalf of the assignee, and ey is to be filed. SIGNATUR The individual whose signature and title is so	Inder 37 CFR 3.73(b this form is used. ppointed in this for I must identify the a) (Form PTO The stateme m if the appo	O/SB/96 or equivalent do ont under 37 CFR 3 Dinted practitioner 1 which this Powe	ent) is 3.73(b) is r of